## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

整備を開発を表するとのできます。 できる でんじょう

**163-032944** 

DO NOT WRITE	OO NOT WRITE AMENDED				R R	Registration District No. 299 Primary Registration District No. 3043 Registrar's No. 298 STATE FILE	NUMBER
ON THIS STUB					FILED AUG 26 (953		
			1	1	י	B. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution a. COUNTY  a. STATE 26  b. COUNTY 26 or 1 or 2	
V\$ 300						Marion Mo. Marion	admission) "
Rev. 4/59	19	1 1		1		b. CITY (If outside corporate limits, give FOWNSHIP only) OR  Length of stay in 1b   c. CITY OR	Inside Limits
1	AMENDED	l		11		TÖWN Hannibal 7 years TÖWN Hannibal	Yes 🕎 No 🗆
10648	₹				_	c. FULL NAME OF (If NOT in hospital, give location)  HOSPITAL OR  ADDRESS  (If outside, give location)  ADDRESS	Reside on Farm
	12	1	1	1 1	l	HOSPITAL OR INSTITUTION #21 Ridgewood Drive Yes No WAR #21 Ridgewood Drive	Yes □ No 🖅
<sup>2</sup> 0648	DATE	ΙI				INSTITUTION #21 Ridgewood Drive Yes R No   #21 Ridgewood Drive	100 110 110 110
3 2	1	11	T	7	_3	3. NAME OF DECEASED First Middle Last 4. DATE Month Day	Year
		H				(Type or print) EDWARD HAROLD ROBINSON DEATH August 9, 19	63
4		Ιİ			l –,		
					"	5. SEX  6. COLOR OR RACE 7. Married 12 Never Married 12   8. DATE OF BIRTH 19. AGE (less birthday) 11 UNDER 1 YE  male white: Widowed 12 Divorced 12   4/6/1905   58 Months Day	
5 /							
	.				10	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN (	OF WHAT COUNTRY
_ <u>-</u>	ž	ΙI				operator A & W Drive INN Pittsville, Wis. United	States:
7	3	il			13	3a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR W	FE
	<b>5</b>   .	ΙI			I	Byron Robinson Clara Mumier Maude Robinso	n -
8 /	1	ΙI			15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. Address U.S.	nibal,Mo.
	ć	ÌΙ			٦,(۲		idgewood
%58 X	Į.	11			۱		TORE WOOD
10	(	11		2	1	18. CAUSE OF DEATH (Enter only one cause per PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		ΙI		ĬŽI		IMMEDIATE CAUSE (a) Aligheat Alfred Tron	<del></del>
.11   5		ΙI		딯	1 (		
	INSTEAD OF	Ιŀ			1	Conditions, if any, 1. DUE TO (b) Althopurper last Tumor	
1290-0	ᆒ	ΙI			1	which gave rise to above cause (a),	
137-0		Ш		_		stating the under-	, ,
		11	ŀ		_		d was female was
	5	.			ğ		nancy in last 90 days.
ģ	2	ŀ			₹	· · · · · · · · · · · · · · · · · · ·	No Unknown
NO.		H			F	19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART	11 of item 18.)
1	٤	ŀl			E	PERFORMED?	
	를	H			<u>ں</u>	_ • · · · · · · · · · · · · · · · · · ·	
z	Ĕ	H			₫	20c. TIME OF Hour Month, Day, Year INJURY a.m.	
RIBBON	١.	ΙĮ				p.m:	
<u>z</u>					-	20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, while AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	STATE
_ <u>~</u> ≥		H				WHILE AT WORK   farm, factory, street, office bldg., etc.)  NOT WHILE AT WORK	
BLACK INK OR RITER RIBBC	-19	H				21 I attended the deceased from, toand last saw her him alive on	
202	READ	H	ı			Zir i dittigged into discourse internal	
<b>-</b> ₹			1			Death occurred at 9:30 a m on the date stated above, and to the best of my knowledge, from the	a causes stated.
PE VS	널			щ.		-220. SIGNAPURE 22b. ADDRESS 22b. ADDRESS	22c, DATE SIGNED
USE BLACK OR TYPEWRITER	SHOULD	11	_  _	0		The selection of the Missing to	15/9/13
. F	ျဖ	lΙ		Ĭ	I _'	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Nown, or county)	(State)
	_	††	T	AFFIDA	ľ	38. BUXIAL/CREMATION,   230. DATE	ะร์ ทา
	Š			ᇤ		removal Rug. 15, 1905 Millitown Cemeterly Millitown	<u> </u>
	₩	1 1		₹	24	4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	1
	=			≿	_	and believed - (tember tres. VIlla 9-1963 ale Motente 9 Lel	Leav M_
ı	'	٠ '	•	' '	- 7	(Licensed Embalmer's Statement on Reverse Side)	مستعيبها

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3.0	evinG ör	Ridsewor	ES#	. X.	Drive	iideewcod	i îs#			
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4	- s	37	4/6/1905	!	. X	១១ ៤៧%	et et			
तुं ।	inited Str	le, Wis.	Pittsvil	MMI av	tro w s A		rator	<del>श्</del> व0		
	Robinsen	e Matthe		Mumicr	sh s [O		ican Edoli			
	Hernine n, 421 Ridae	Rebinson	•				**	ວກ້		w .).
Pr	·	•		STATEM	LENT BY LICENSI	ED EMBALMER				
3	1	hereby certify	y that the body	whose name	e is recorded on	the reverse sid	le of this certifi	cate was emba	ilmed by me,	· )
Ę.	or by _	<del></del>					, Student E	mbalmer No		
Ch	working Student_		sonal supervision	n.	Signe	d Ja	als fel	work)	,-	
,		Sign	nature of Student Emb	oalmer	.a (:		Licensed Emba	mer No. 7	(900 bD, 2	w,
	with the	above constituted by	utes grounds for y a STUDENT, he	revocation of also shall si	HE LICENSED EN f license). gn in his OWN so stated above TWOJELY F	handwriting.		/RITING. (Failu 7の前って	re to comply	